



MEDICATION PROCEDURE FORM

CONSENT TO ADMINISTER PRESCRIPTION MEDICATION, OVER-THE-COUNTER MEDICATION & STUDENT CUSTODY

When Students must take medicine at school, either by physician's prescription or parent's request, the following guidelines will apply:

Administration of Medication Prescribed By A Physician

- A. The law (ARS 15-344) requires that medication must be delivered to the nurse in the prescription container as prepared by the pharmacist. The number of pills may be documented upon receipt by the school nurse.
- B. The prescription label must bear the student's name, current date, name of medication, dosage and the time to be given.
- C. Please ask your pharmacist to fill the prescription in both home and school containers.
- D. It is recommended that no more than a 30 day supply be maintained at school.
- E. The school nurse may consult with the physician regarding medication.

Administration of Non-Prescription Medications

- A. The law (ARS 15-344) requires medication must be delivered to the nurse in the original container as packaged by the manufacturer and labeled with the student's name.
- B. Dosage must be in keeping with the manufacturer's recommendations as printed on the label.
- C. The school nurse may request a medical evaluation and may require a physicians order giving permission to administer non-prescription medication.

Student Custody of Medication for Self Administration

- A. A written order from a physician stating necessity of self medication may be requested by the nurse.
- B. A written contract signed by parents, student and nurse must be on file in the health office prior to student maintaining custody of own medication.
- C. The student must agree to contact the school nurse before a second dose of an "as needed" medication is taken in a given school day.
- D. The physician's order/contract shall be updated annually or sooner if conditions change.
- E. Students must not allow or offer use of personal medication.

A printed form provided by the district must be completed by the parent/guardian authorizing administration of medication at school. A temporary hand written note may be honored for one dose/day and must be followed by the school district form.

Medication should not be carried back and forth from home to school by the student. This is to protect the student against theft or misuse of his/her medication.

Please complete the following information and return the entire page to the school nurse.

Name _____ Date of Birth _____ Grade _____

Teacher _____ Reason for Medication (Diagnosis) _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Dates to be administered at school: From _____ Until _____

Time(s) to be administered at school _____

I hereby authorize the school nurse or Principal's designee to be my agent and to give the above named medication(s) to my child.

I hereby give my child _____ to carry and self administer _____ following dosage orders and above written guidelines. Today's Date _____

Signature of Parent/Guardian

Student Signature

Nurse Signature